

Jefferson County Children's Long Term Support Daily Living Skills and Respite Care Services Provider Requirements Checklist

Provider Name: _____ Participant Name: _____

Upon completion of all required documentation forward copy of checklist to Supervisor of Children's Long Term Support for auditing and filing.

Responsible Party	Required Documents	Service Coordinator Initials	Respite Provider Initials	Date Completed
Service Coordinator	<ul style="list-style-type: none"> ✓ Contract ✓ Training Certificates ✓ Release of Information ✓ Criminal Background Information Disclosure ✓ Confidentiality Statement ✓ Time card – Payment Procedure ✓ Abuse and Neglect – Agency Brochures ✓ Crisis Plan ✓ Complete Service Provider MA Agreement ✓ Review Visit Summary with Provider ✓ Check Provider Registry ✓ Liability Form – if needed ✓ Critical Incident Reporting ✓ Check Provider Registry <p>http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=74L3368K</p> <ul style="list-style-type: none"> ✓ Care Giver Registry <p>http://www.dhs.wisconsin.gov/caregiver/misconduct.htm</p>			

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Jefferson County Human Services Staff	<ul style="list-style-type: none"> ✓ Wisconsin Care Giver Background Check (copy to Donna H) ✓ Wisconsin Circuit Court AP – Optional 			
✓				
To be completed by Family/Care Provider	<ul style="list-style-type: none"> ✓ Training specific to the needs and care of the respite recipient including medication administration. ✓ Parent/Caregiver In Home Training for Respite and Daily Living Providers Form ✓ Youth Profile ✓ Complete on line MA agreement registry ✓ Complete Supportive Home Care and Respite Visit Summary after each visit and send to your Service Coordinator <p> Dianec@jeffersoncountywi.gov MaryBS@jeffersoncountywi.gov MaggieM@jeffersoncountywi.gov KristenW@jeffersoncountywi.gov </p> <p>Registry Link http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=74L3368K </p> <p>Client Rights Training Link https://connect.wisconsin.gov/dhscromod1/ </p>			

Updated 4/18/16